Image# 11952752742 PAGE 1 / 30

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Au	morized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MFA PAC			
<u> </u>			
ADDRESS (number and street)	PO Box 21664		
Check if different			
than previously reported. (ACC)	ROANOKE		VA 24018
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00467639		S THIS NEW (N)	OR × AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	o 20 (M2) May 20	(Non-Election Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3) Jun 20	(M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		r 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (0	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Flack:	on on	in the
Year-End Report (X July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report	Report for the:		
(TER)	Electi	on on	in the State of
5. Covering Period 0			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	his Report and to the best o	f my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	er Novel Martin		
Signature of Treasurer Nove	el Martin	[Electronically Filed]	Date 10 / 24 / 2011
NOTE: Submission of false, error	neous, or incomplete informatio	on may subject the person sign	ning this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MFA PAC 2011 06 30 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3813.62 January 1, 2011 (b) Cash on Hand at 3813.62 Beginning of Reporting Period..... 50330.77 50330.77 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 54144.39 54144.39 6(a) and 6(c) for Column B)..... 23843.12 23843.12 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 30301.27 30301.27 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

N A	Λ	\Box	Δ	\sim
M	н	. $arphi$	н	U

I. Receipts	I. Receipts COLUMN A Total This Period			
Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	48803.41	48803.41		
(i) Itemized (use Schedule A)	40003.41	40003.41		
(ii) Unitemized	1527.36	1527.36		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	50330.77	50330.77		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)▶	50330.77	50330.77		
Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
All Loans Received	0.00	0.00		
All Eddis Fledelved				
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made	7	7		
to Federal Candidates and Other				
Political Committees	0.00	0.00		
Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(b) Lovin Eundo (from Schodula HE)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	5.55	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	50330.77	50330.7		
Total Federal Receipts	50000 77			
(subtract Line 18(c) from Line 19)▶	50330.77	50330.77		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures	4843.12	4843.12		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	4843.12	4843.12		
22.	Transfers to Affiliated/Other Party				
23	CommitteesContributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	19000.00	19000.00		
24.	Independent Expenditures	0.00	0.00		
25.	(use Schedule E)				
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
26.	Loan Repayments Made	0.00	0.00		
7	Leane Made	0.00	0.00		
27. 28.	Loans MadeRefunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	(h) Political Party Committees	0.00	0.00		
	(b) Political Party Committees	0.00	5.50		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
29.	Other Disbursements	0.00	0.00		
	Follows Floring Asticity (0.11.0.0, \$404(00))				
oU.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
	(from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely				
	With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
1.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23843.12	23843.12		
32.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	23843.12	23843.12		
	from Line 31)	23043.12	25045.12		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 EO 1 01111 3X (11ev. 02/2003)		i age 3
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	50330.77	50330.77
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50330.77	50330.77
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4843.12	4843.12
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	4843.12	4843.12

FOR LINE NUMBER: **PAGE** 6 OF 30 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MFA PAC Full Name (Last, First, Middle Initial) Cindy Barnette Date of Receipt Mailing Address 2917 Penn Forest Blvd 04 15 2011 City Zip Code State Transaction ID: SA11AI.4462 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Individual contribution Name of Employer Occupation Medical Facilities of America VP of Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Blackwell Date of Receipt Mailing Address 120 Anderson Ave PO Box 967 04 22 2011 City State Zip Code Transaction ID: SA11AI.4448 VA **Bowling Green** 22427 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Individual contribution Name of Employer Occupation Bowling Green Healthcare Ctr Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Trevor Holly Cates Date of Receipt Mailing Address 6035 Mountain Ranch Dr 06 05 2011 City State Zip Code Transaction ID: SA11AI.4472 UT Park City 84098 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Individual contribution Name of Employer Occupation Self-employed Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

	FO	R LINE	NU	IMBER	:	PAGE	7 (OF	30
Use separate schedule(s)	(che	eck only	or or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MFA PAC Full Name (Last, First, Middle Initial) Andrew Dameron Date of Receipt Mailing Address 1735 Toddville Road 2011 06 City State Zip Code Transaction ID: SA11AI.4451 NC Charlotte 28214 Amount of Each Receipt this Period FEC ID number of contributing C 230.76 federal political committee. Individual contribution (\$19.23 biweekly) Name of Employer Occupation Administrator Charlotte Healthcare Center Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Kristen Dehr Date of Receipt Mailing Address 2917 Penn Forest Blvd 04 15 2011 City State Zip Code Transaction ID: SA11AI.4461 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Individual contribution Name of Employer Occupation Medical Facilities of America Corp Dir of Foods & Nutrition Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kurt Dullnig Date of Receipt Mailing Address 2917 Penn Forest Blvd. 06 17 2011 City State Zip Code Transaction ID: SA11AI.4423 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing 375.00 С federal political committee. Individual contribution (\$125.00 biweekly beginning Name of Employer Occupation 5/25/2011) VP of Census Development Medical Facilities of America Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 1605.76 SUBTOTAL of Receipts This Page (optional).....

- 9

TOTAL This Period (last page this line number only).....

1mage# 11952752749 PAGE 8 / 30

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.4451

Payroll deduction

Form/Schedule: SA11AI Transaction ID: SA11AI.4423

Payroll deduction

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 9 OF 30 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and 3 or for commercial purposes, other than using the	Statements may not be sold or used by any pe name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MFA PAC		
Full Name (Last, First, Middle Initial) Mary Durham Mailing Address 17 Cornelia Drive City Lexington FEC ID number of contributing federal political committee. Name of Employer Lexington Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code NC 27292 C Occupation Administrator Aggregate Year-to-Date ▼ 210.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Kay Leigh Ferguson Mailing Address Native Meadow 1050 Broomle City Charlottesville FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	ey Road State Zip Code VA 22901 C Occupation Partner Aggregate Year-to-Date ▼ 5000.00	Date of Receipt 05 18 2011 Transaction ID : SA11AI.4478 Amount of Each Receipt this Period 5000.00 Individual contribution
Full Name (Last, First, Middle Initial) W. Heywood Fralin Sr. Mailing Address 2917 Penn Forest Blvd. City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation President Aggregate Year-to-Date ▼ 5000.00	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional))	10050.00
TOTAL This Period (last page this line number	only)	

	F	FOR LINE NUMBER: PAGE 10 OF								F	30
Use separate schedule(s)	(0	(check only one)									
for each category of the Detailed Summary Page		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MFA PAC Full Name (Last, First, Middle Initial) William H Fralin Jr. Date of Receipt Mailing Address 2917 Penn Forest Blvd. 06 2011 City State Zip Code Transaction ID: SA11AI.4471 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Individual contribution Name of Employer Occupation Medical Facilities of America Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Danni Gary Date of Receipt Mailing Address 8319 Lee Davis Road 06 17 2011 City State Zip Code Transaction ID: SA11AI.4446 Mechanicsville VA 31222 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Individual contribution (\$125.00 biweekly beginning Name of Employer Occupation 5/6/2011) Hanover Healthcare Center Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Quinn Graeff Date of Receipt Mailing Address 2917 Penn Forest Blvd 06 2011 05 City State Zip Code Transaction ID: SA11AI.4469 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Individual contribution Name of Employer Occupation Associate General Counsel Medical Facilities of America Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 6500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

1mage# 11952752752 PAGE 11 / 30

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.4446

Payroll deduction

Form/Schedule: Transaction ID:

									-	
Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:					PAGE	1	2 OF	:	30
	(che	(check only one)								
	X	11a		11b		11c		12		
		13		14		15		16		17
not be sold or used by any person for the purpose of soliciting contributions										

	d Statements may not be sold or used by any pe the name and address of any political committee	
MFA PAC		
Full Name (Last, First, Middle Initial) Keith Helmer Mailing Address 2917 Penn Forest Blvd		Date of Receipt
City Roanoke	State Zip Code VA 24018	04 08 2011 Transaction ID : SA11AI.4464 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Medical Facilities of America Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation COO Aggregate Year-to-Date ▼ 5000.00	Individual contribution (one-time payroll deduction)
Full Name (Last, First, Middle Initial) Michael Jones Mailing Address 450 Piney Forest Road		Date of Receipt
City Danville FEC ID number of contributing federal political committee.	State Zip Code VA 24540	06 17 2011 Transaction ID : SA11AI.4437 Amount of Each Receipt this Period 800.00
Name of Employer Piney Forest Healthcare Center Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 800.00	Individual contribution (\$200.00 biweekly beginning 5/6/2011)
Full Name (Last, First, Middle Initial) Cleopatra Kitt Mailing Address 1527 Grandin Road SW City Roanoke	State Zip Code VA 24015	Date of Receipt 06 03 2011 Transaction ID: SA11AI.4457 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 Individual contribution
Name of Employer Raleigh Ct Health & Rehab Ctr Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	>	6300.00
TOTAL This Period (last page this line numb	er only)	

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: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.4464

Payroll deduction

Form/Schedule: SA11AI Transaction ID: SA11AI.4437

Payroll deduction

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MFA PAC		
Full Name (Last, First, Middle Initial) Cleopatra Kitt Mailing Address 1527 Grandin Road SW City Roanoke FEC ID number of contributing federal political committee. Name of Employer Raleigh Ct Health & Rehab Ctr Receipt For: Primary General Other (specify)	State Zip Code VA 24015 C Occupation Administrator Aggregate Year-to-Date ▼ 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms Carol Kroboth Mailing Address 2917 Penn Forest Blvd. City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation VP of Reimbursement Aggregate Year-to-Date ▼ 500.00	Date of Receipt 05 06 2011 Transaction ID: SA11AI.4427 Amount of Each Receipt this Period 500.00 Individual contribution
Full Name (Last, First, Middle Initial) Ms Carol Kroboth Mailing Address 2917 Penn Forest Blvd. City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation VP of Reimbursement Aggregate Year-to-Date ▼ 560.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).		810.00
TOTAL This Period (last page this line number	er only)	

1mage# 11952752756 PAGE 15 / 30

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.4459

Payroll deduction

Form/Schedule: SA11AI Transaction ID: SA11AI.4426

Payroll deduction

FOR LINE NUMBER: PAGE 16 OF 30 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MFA PAC Full Name (Last, First, Middle Initial) Tim Marshall Date of Receipt Mailing Address 2917 Penn Forest Blvd. 2011 06 City Zip Code State Transaction ID: SA11AI.4422 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Individual contribution (\$20.00 biweekly) Name of Employer Occupation Medical Facilities of America VP of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Novel Martin Date of Receipt Mailing Address 2917 Penn Forest Blvd. Suite 100 80 04 2011 City State Zip Code Transaction ID: SA11AI.4460 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Individual contribution (one-time payroll deduction) Name of Employer Occupation Medical Facilities of America **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Brenda Moore Date of Receipt Mailing Address 4241 Kings Court Drive M M / 80 04 2011 City Zip Code State Transaction ID: SA11AI.4463 VA Roanoke 24014 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Individual contribution Name of Employer Occupation **Executive Vice President** Medical Facilities of America Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 10240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

1mage# 11952752758 PAGE 17 / 30

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.4422

Payroll deduction

Form/Schedule: SA11AI Transaction ID: SA11AI.4460

Payroll deduction

	FOR LINE NUMBER:	PAGE	18 OF	30				
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	X 11a 11b	11c	12					
	13 14	15	16	17				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MFA PAC Full Name (Last, First, Middle Initial) Andrew Munoz Date of Receipt Mailing Address 2917 Penn Forest Blvd 06 2011 City State Zip Code Transaction ID: SA11AI.4431 VA 24018 Roanoke Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Individual contribution Name of Employer Occupation Medical Facilities of America VP of Materials Management Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew Munoz Date of Receipt Mailing Address 2917 Penn Forest Blvd 06 17 2011 City Zip Code State Transaction ID: SA11AI.4429 Roanoke VA 24018 Amount of Each Receipt this Period FEC ID number of contributing C 81.00

Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) ▼	Occupation VP of Materials Management Aggregate Year-to-Date ▼ 581.00	Individual contribution (\$27.00 biweekly beginning 5/25/2011)
Full Name (Last, First, Middle Initial) C. Robert Peck	-	Date of Receipt
Mailing Address PO Box 21133		06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4481
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	Individual contribution
Premier Consulting Services	President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
		3081 00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9

1mage# 11952752760 PAGE 19 / 30

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.4429

Payroll deduction

Form/Schedule: Transaction ID:

S IT

11116	196# 11932/32/01			
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 30 (check only one) X 11a
				person for the purpose of soliciting contributions are to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MFA PAC			
Α.	Full Name (Last, First, Middle Initial) Richard Roark			Date of Receipt
	Mailing Address 456 East Main Street PO Box 641	Otata	7. 0.4	06 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Waverly	State VA	Zip Code 23890	Transaction ID : SA11AI.4438
	FEC ID number of contributing	С	2000	Amount of Each Receipt this Period 300.00
	federal political committee.	•		Individual contribution (\$100.00 biweekly beginning
	Name of Employer Waverly Healthcare Center	Occupation Administrat		5/6/2011 and ending 6/3/2011)
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]
В.	Full Name (Last, First, Middle Initial) Cynthia Smith Mailing Address 235 Evergreen Ave.	Date of Receipt		
	Walling / loarese 255 Evergreen Ave.			05 06 2011
	City	State	Zip Code	Transaction ID : SA11AI.4474
	Appomattox	VA	24522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Appomattox Health & Rehab Ctr	Occupation		Individual contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ayn Cates Sullivan			Date of Receipt
	Mailing Address 4444 Via Bendita	05 18 2011		
	City	State	Zip Code	Transaction ID : SA11AI.4476
	Santa Barbara	CA	93110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	1	Individual contribution
	Self-employed	Investor		

Aggregate Year-to-Date ▼

1000.00

1800.00

Receipt For:

Primary

Other (specify) ▼

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1mage# 11952752762 PAGE 21 / 30

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.4438

Payroll deduction

Form/Schedule: Transaction ID:

	FO	R LINE	NU	MBER	:	PAGE	2	2 (OF	30
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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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not be sold or used by any pe						0				S

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) MFA PAC		
Full Name (Last, First, Middle Initial) Sabrina Vaughn Mailing Address Route 40 West PO Box 577 City Gretna FEC ID number of contributing	State Zip Code VA 24557	Date of Receipt M
federal political committee. Name of Employer Gretna Healthcare Center Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 666.65	Individual contribution (\$133.33 biweekly beginin 4/22/2011)
Full Name (Last, First, Middle Initial) Karen Waldron Mailing Address 2917 Penn Forest Blvd City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 5000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	>	5666.65
TOTAL This Period (last page this line number	only)	48803.41

1mage# 11952752764 PAGE 23 / 30

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.4456

Payroll deduction

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 24 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b	22 23	24 25 26
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NAME OF COMMITTEE (In Full)	and the second s		33.2.2 3030	
MFA PAC				
/ 1/11/10				
Full Name (Last, First, Middle Initial)				
A. Alston & Bird, LLP			Date of Disbursem	ent
Moiling Address OFO F Ct NIW			M M / D D	
Mailing Address 950 F St. N.W.			05 27	2011
City	State Zip Code		Tuescard In	CDO4D 4504
Washington	DC 20004		Transaction ID :	SB21B.4521
Purpose of Disbursement Legal expenses		024		
· ·		001	Amount of Each D	isbursement this Period
Candidate Name		Category/		3549.00
Office Sought: House Disburse	ement For:	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Medical Facilities of America, Inc.			Date of Disbursem	ent
Mailing Address 2017 D. T. 1911			M M / D D	
Mailing Address 2917 Penn Forest Blvd.			02 28	2011
City	State Zip Code		Towns of the ID	00040 4404
Roanoke	VA 24018		Transaction ID:	SB21B.4484
Purpose of Disbursement Administrative expenses		100		
		001	Amount of Each D	isbursement this Period
Candidate Name		Category/		500.00
Office Sought: House Disburse	ement For:	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
C. Medical Facilities of America, Inc.			Date of Disbursem	ent
			M M / D D	
Mailing Address 2917 Penn Forest Blvd.			04 15	2011
City	State Zip Code			
Roanoke	VA 24018		Transaction ID:	SB21B.4497
Purpose of Disbursement Administrative Expenses				
'		001	Amount of Each D	isbursement this Period
Candidate Name		Category/		513.78
Office Sought: House Disburse	ement For:	Туре		1.55
Senate	Primary General			
President	Other (specify)			
State: District:] - (-p)/ V			
SUBTOTAL of Disbursements This Page (optional)			1 1 20 1	4562.78
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TOTAL This Period (last page this line number only	/)			

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SCHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE 25 (
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check on	y one)		
	Detailed Summary Page	X 21b	22 28a	23 24 25 26 28b 28c 29 30b	
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or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
MFA PAC					
Full Name (Last, First, Middle Initial)					
A. Medical Facilities of America, Inc.				sbursement	
Mailing Address 2917 Penn Forest Blvd.			05	18 2011	
City	state Zip Code		Transacti	ion ID : SB21B.4513	
	VA 24018		Transacu	OII ID . 36216.4313	
Purpose of Disbursement Administrative expenses		001	Amount of	Each Disbursement this Period	
Candidate Name		Category/		269.34	
Office Sought: House Disbursem	nent For:	Type	-		
	Primary General				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) B.			Date of Dis	churcamant	
.			Date Of Dis	D D / Y Y Y Y	
Mailing Address				, , , , , , , , , , , ,	
City	state Zip Code				
	· 				
Purpose of Disbursement			Amount of	Each Disbursement this Period	
Candidate Name		Category/	Tanadan of		
		Type		<i>y</i>	
Office Sought: House Disbursem					
	Primary General Other (specify) ▼				
State: District:	onioi (apoony) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Dis	sbursement	
Mailing Address			M = M /	D D / Y Y Y Y	
City	itate Zip Code				
Purpose of Disbursement			-		
			Amount of	Each Disbursement this Period	
Candidate Name		Category/ Type			
Office Sought: House Disburser	nent For:	.,,,,			
	Primary General				
	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				269.34	
SOBTOTAL OF DISDUISEMENTS THIS Page (optional)		<u> </u>	-	<u></u>	
TOTAL This Period (last page this line number only).				4832.12	

SCHEDULE B (FEC Form 3X)		1	1
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ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b	
	Detailed Summary Page	27	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full) MFA PAC			
Full Name (Last, First, Middle Initial)			
A. DAVE CAMP FOR CONGRESS			Date of Disbursement
Mailing Address 5915 EASTMAN AVENUE SUITE 100			04 21 2011
City MIDLAND	State Zip Code MI 48640		Transaction ID: SB23.4501
Purpose of Disbursement Political contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
DAVID LEE CAMP Office Sought:	nent For: 2012	Туре	
Senate President	Primary General Other (specify)		
State: MI District: 04			
Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONA	L CAMPAIGN COMN	/ITTEE	Date of Disbursement
			M M / D D / Y Y Y Y Y
Mailing Address 430 SOUTH CAPITOL STREET, S 2ND FLOOR			06 22 2011
WASHINGTON	State Zip Code DC 20003		Transaction ID : SB23.4528
Purpose of Disbursement Political contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) C. FRIENDS OF MAX BAUCUS			Date of Disbursement
Mailing Address PO BOX 586			05 18 2011
City S	State Zip Code MT 59624		Transaction ID : SB23.4510
Purpose of Disbursement Political contribution		011	Amount of Fook Dishurasment this Deviced
Candidate Name			Amount of Each Disbursement this Period
MAX BAUCUS		Category/ Type	2500.00
Senate President	nent For: 2014 Primary General Other (specify)		
State: MT District: 00			
SUBTOTAL of Disbursements This Page (optional)		······•	5500.00
TOTAL This Period (last page this line number only)			

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			Summary Page	21b		23 24 25 26 28b 28c 29 30b		
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	ny information copied from such Reports and Statem for commercial purposes, other than using the name							
	NAME OF COMMITTEE (In Full)							
$ \rangle$	MFA PAC							
\angle	Full Name (Last, First, Middle Initial)							
Α.	HATCH ELECTION COMMITTEE I	NC			Date of Disk	bursement		
	TIATOTI ELECTION COMMITTEE	INC			M M /	D D / Y Y Y Y		
	Mailing Address 175 SOUTH WEST TEMPLE SUITI	E 650			05	27 2011		
	<u>-</u>							
	City S SALT LAKE CITY	state UT	Zip Code 84101		Transactio	on ID : SB23.4522		
	Purpose of Disbursement	01	64101					
	Political contribution			011	Amount of E	Each Disbursement this Period		
	Candidate Name			Category/				
	ORRIN G HATCH			Type		2500.00		
	Office Sought: House Disbursen							
		Primary	General					
	State: UT District: 00	Other (sp	ecity) 🔻					
_	Full Name (Last, First, Middle Initial)							
В.	MCCASKILL FOR MISSOURI 2012	2			Date of Disk	bursement		
	WCCASKILL I OK WISSOUKI 2012	_			M M /	D D / Y Y Y Y		
	Mailing Address 700 13TH STREET NW SUITE 600				05 13 2011			
		state	Zip Code		Transactio	on ID : SB23.4505		
	WASHINGTON Purpose of Disbursement	DC	20005					
	Political contribution			011	Amount of F	Each Disbursement this Period		
	Candidate Name				7 0. 2			
	CLAIRE MCCASKILL			Category/ Type		1000.00		
	Office Sought: House Disbursen		2012					
		Primary	General					
		Other (sp	ecify) 🔻					
_	State: MO District: 00							
C.	Full Name (Last, First, Middle Initial)	IA A			Date of Disk	hursamant		
Ο.	MCCONNELL SENATE COMMITT	EE 14			M M /	D D / Y Y Y Y Y		
	Mailing Address PO BOX 1496				03	02 2011		
		state	Zip Code		Transactio	on ID : SB23.4485		
	LOUISVILLE Purpose of Disbursement	KY	40201					
	Political contribution			011	Amount of F	Each Disbursement this Period		
	Candidate Name	Category/	Alliount of E	Each Dispuisement this Feriod				
	MITCH MCCONNELL			Type		2500.00		
	Office Sought: House Disbursen	ent For:	2014			, ,		
		Primary	General					
		Other (sp	ecify) 🔻					
	State: KY District: 00							
_ ا	NIDTOTAL ACRIMINATION OF THE PARTY OF THE PA					6000.00		
L	SUBTOTAL of Disbursements This Page (optional)			······		3000.00		
1	OTAL This Period (last page this line number only)							
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 28 OF 30
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	Detailed Summary Page		22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
/ Full Name (Last, First, Middle Initial)			
A. NELSON 2012			Date of Disbursement
NELSON 2012			M M / D D / Y Y Y Y
Mailing Address PO BOX 8666			03 09 2011
City OMAHA	State Zip Code NE 68108		Transaction ID : SB23.4489
Purpose of Disbursement	00100	T	
Political contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
E BENJAMIN NELSON		Type	1000.00
	ment For: 2012		
Senate X	Primary General		
State: NE District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. PAT ROBERTS FOR US SENAT	F INC		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 433			06 22 2011
0	O		
,	State Zip Code		Transaction ID : SB23.4525
GREAT BEND	KS 67530		
GREAT BEND Purpose of Disbursement	KS 67530		
	KS 6/530	011	Amount of Each Disbursement this Period
Purpose of Disbursement Political contribution Candidate Name	KS 6/530	011 Category/	
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS			Amount of Each Disbursement this Period
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Disburset	ment For: 2014	Category/	
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Disburser Senate	ment For: 2014 Primary General	Category/	
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Disburset	ment For: 2014	Category/	
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President President	ment For: 2014 Primary General	Category/	
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00	ment For: 2014 Primary General Other (specify)	Category/ Type	
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT	ment For: 2014 Primary General Other (specify)	Category/ Type	Date of Disbursement
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial)	ment For: 2014 Primary General Other (specify)	Category/ Type	Date of Disbursement
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395	ment For: 2014 Primary General Other (specify) E COMMITTEE IN	Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395	ment For: 2014 Primary General Other (specify)	Category/ Type	Date of Disbursement
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395 City WRENTHAM Purpose of Disbursement	ment For: 2014 Primary General Other (specify) E COMMITTEE IN	Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395 City WRENTHAM Purpose of Disbursement Political contribution	ment For: 2014 Primary General Other (specify) E COMMITTEE IN	Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395 City WRENTHAM Purpose of Disbursement Political contribution Candidate Name	ment For: 2014 Primary General Other (specify) E COMMITTEE IN	Category/ Type C 011 Category/	Date of Disbursement M M / 24 / 2011 Transaction ID : SB23.4518
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395 City WRENTHAM Purpose of Disbursement Political contribution Candidate Name SCOTT P BROWN	ment For: 2014 Primary General Other (specify) E COMMITTEE IN State Zip Code MA 02903	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395 City WRENTHAM Purpose of Disbursement Political contribution Candidate Name SCOTT P BROWN	ment For: 2014 Primary General Other (specify) E COMMITTEE IN	Category/ Type C 011 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395 City WRENTHAM Purpose of Disbursement Political contribution Candidate Name SCOTT P BROWN Office Sought: House Disburse	ment For: 2014 Primary General Other (specify) E COMMITTEE IN State Zip Code MA 02903	Category/ Type C 011 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395 City WRENTHAM Purpose of Disbursement Political contribution Candidate Name SCOTT P BROWN Office Sought: House Senate	ment For: 2014 Primary General Other (specify) E COMMITTEE IN State Zip Code MA 02903 ment For: 2016 Primary General	Category/ Type C 011 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395 City WRENTHAM Purpose of Disbursement Political contribution Candidate Name SCOTT P BROWN Office Sought: House Senate President Senate President State: MA District: 00	ment For: 2014 Primary General Other (specify) E COMMITTEE IN State Zip Code MA 02903 ment For: 2016 Primary General Other (specify) Other (specify)	Category/ Type C O11 Category/ Type	Date of Disbursement M M / P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House Senate President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395 City WRENTHAM Purpose of Disbursement Political contribution Candidate Name SCOTT P BROWN Office Sought: House Senate President Senate President	ment For: 2014 Primary General Other (specify) E COMMITTEE IN State Zip Code MA 02903 ment For: 2016 Primary General Other (specify) Other (specify)	Category/ Type C O11 Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Political contribution Candidate Name PAT ROBERTS Office Sought: House President State: KS District: 00 Full Name (Last, First, Middle Initial) C. SCOTT BROWN FOR US SENAT Mailing Address P.O. BOX 395 City WRENTHAM Purpose of Disbursement Political contribution Candidate Name SCOTT P BROWN Office Sought: House Senate President Senate President State: MA District: 00	ment For: 2014 Primary General Other (specify) E COMMITTEE IN State Zip Code MA 02903 ment For: 2016 Primary General Other (specify) Other (specify)	Category/ Type C 011 Category/ Type	Date of Disbursement M M / 24 / 2011 Transaction ID : SB23.4518 Amount of Each Disbursement this Period 1000.00

SCHEDULE B (FEC Form 3X)	Hac server	10 00k = -11/\				PAGI	PAGE 29 OF 3			
ITEMIZED DISBURSEMENTS		e schedule(s) egory of the	(check only one)							
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or for commercial purposes, other than using the nam	ne and address	s of any politic	al committee to	solicit cor	ntributions	from such	committ	tee.		
NAME OF COMMITTEE (In Full)										
│ MFA PAC										
Full Name (Last, First, Middle Initial)										
A. SNOWE FOR SENATE				Date of	Disburse	ment				
Mailing Address DO DOV 2015				M M	/ D		Y Y	Υ		
Mailing Address PO BOX 2012				05	13		2011			
City		ip Code		Trans	action ID	. 6022 450	ο			
PORTLAND	ME ()4104		irans	avuon ID	: SB23.450	J			
Purpose of Disbursement Political contribution			011	Amount	of Each	Disburseme	ent this I	Period		
Candidate Name			Category/		30011					
OLYMPIA J SNOWE			Type		-,	- 7	2500	0.00		
	nent For: 201	_								
Senate President	- 4	General								
State: ME District: 00	Other (specify) ▼								
Full Name (Last, First, Middle Initial)										
B. STABENOW FOR US SENATE				Date of	Disburse	ment				
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Mailing Address P.O. BOX 4945				04	20)	2011			
City	State Z	ip Code		T	antine In	. CD00 440	.0			
EAST LANSING		18826		Trans	action ID	: SB23.449	8			
Purpose of Disbursement Political contribution			011	Amount	of Each	Disburseme	nt thin !	Doriod		
Candidate Name				AMOUN	oi Each	บเรมนเ seเทิย	an uns i	enou		
DEBBIE MS STABENOW			Category/ Type		,		500	0.00		
	nent For: 201	2								
	Primary	General								
President State: MI District: 00	Other (specify) ▼								
State: MI District: 00 Full Name (Last, First, Middle Initial)										
C. WALLY HERGER FOR CONGRES	S COMM	ITTEE		Date of	Disburse	ment				
				M = M	/ D	D / Y	YY	Υ		
Mailing Address PO BOX 1007				05	24		2011			
City	State Z	ip Code								
WILLOWS		95988		Trans	action ID	: SB23.451	4			
Purpose of Disbursement Political contribution			011							
Candidate Name						Disburseme	ent this I	Period		
WALLY HERGER			Category/ Type				1000	0.00		
	nent For: 201	2	.,,,,		,	7				
Senate	Primary	General								
President	Other (specify) ▼								
State: CA District: 02										
CURTOTAL of Dishursoments This Dane (actions)							4000	.00		
SUBTOTAL of Disbursements This Page (optional)			·····	-			.500			
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SCHEDULE B (FEC Form 3X)	Hoo concrete ask salute (-)	FOR LINE		PAGE 30 OF 30			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	,				
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30			
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NAME OF COMMITTEE (In Full)	io and address of any politic	our committee to	CONOR CONTINUUOUS I	Tom Such Committee.			
MFA PAC							
/ Full Name (Last, First, Middle Initial)		İ					
A. WILSON FOR SENATE			Date of Disbursem	ent			
Mailing Address PO BOX 10248			04 12 2011				
City	State Zip Code		Transaction ID	CD02 4402			
ALBUQUERQUE	NM 87184		Transaction ID:	SB23.4493			
Purpose of Disbursement Political contribution		011	Amount of Each D	isbursement this Period			
Candidate Name HEATHER A WILSON		Category/ Type		500.00			
	nent For: 2012	Турс					
	Primary General						
State: NM District: 00	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B.			Date of Disbursem	ent			
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Mailing Address							
City	State Zip Code						
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Candidate Name		السيا	Amount of Each D	isbursement this Period			
		Category/ Type					
Office Sought: House Disbursen	nent For:						
	Primary General						
State: President District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)			Data of Dishams	ant.			
C.			Date of Disbursem	_			
Mailing Address			M M / D D	/			
City	State Zip Code						
Purpose of Disbursement							
		Amount of Each D	isbursement this Period				
Candidate Name		Category/ Type					
Office Sought: House Disbursen	nent For:	.,,,,	7				
	Primary General						
	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)				500.00			
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TOTAL This Period (last page this line number only)			1	19000.00			